

**GEORGIA DEPARTMENT OF AGRICULTURE  
DOG AND CAT STERILIZATION GRANT PROGRAM 2018**

**2018 GRANT EXPLANATION**

BACKGROUND	Dog and cat overpopulation is a tragic problem that affects all areas of Georgia. Each year thousands of healthy, friendly dogs and cats are euthanized because of pet overpopulation. In 2003, the Georgia General Assembly created the Dog and Cat Reproductive Sterilization Support Program to help with this problem through the spaying and neutering of dogs and cats. Currently funds are raised by the sale of 3 dog and cat license plates, the yearly tax check off and direct donations. Since the program's inception, over 100,000 procedures have been performed by over 1,200 veterinarians.
PURPOSE	The purpose of the Dog and Cat Sterilization Grant Program is to provide financial assistance with sterilization procedures. The Department hopes that grant funds will ease the burden of sterilization procedures and increase the number of dogs and cats sterilized in Georgia.
PROGRAM OVERVIEW	Grant applications will be assessed by a grant review committee and funding will be awarded based on the highest priority grant proposals after considering factors such as: targeting of important animal populations; ability to increase surgery numbers; cost-benefit ratio and record of grant applicant and sustainability. All eligible organizations must reside in Georgia to be eligible for the Dog and Cat Sterilization Grant. Once a grant has been awarded, the recipient must complete a final progress report showing all sterilization procedures performed. Grant funds may only be used for sterilization surgery and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures. Grant cannot be used for Trap, Neuter and Release Programs.
NON-PROFIT ANIMAL RESCUES AND VETERINARY ASSOCIATIONS	Nonprofit Animal Rescue Organizations must be licensed by the Georgia Department of Agriculture. Nonprofit organizations including Veterinary Associations applying for funds are required to have been in existence for at least 12 months and have 501(c)(3) status at the time of filing the grant application. Nonprofits must provide a copy of the nonprofit status form 501(c)(3) issued by the Internal Revenue Service. <i>(Do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.)</i> Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

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MUNICIPAL AND COUNTY ANIMAL SHELTERS	<p>Municipal animal shelters must be licensed by the Georgia Department of Agriculture. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs (DCA) for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. To determine whether your municipality is in compliance, visit DCA's website at <a href="https://dca.ga.gov/local-government-assistance/planning/intergovernmental-coordination/service-delivery-strategies-sds">https://dca.ga.gov/local-government-assistance/planning/intergovernmental-coordination/service-delivery-strategies-sds</a></p> <p>All local municipality applicants verifying eligibility must submit a compliance certification.</p>
APPLICATION SUBMISSION	<p>An application may be downloaded from the Department's website at: <a href="http://agr.georgia.gov/dog-cat-sterilization-program.aspx">http://agr.georgia.gov/dog-cat-sterilization-program.aspx</a> All applicants must provide a letter of collaboration from a Georgia licensed and accredited veterinarian that will be performing the sterilization procedure and a copy of a current Georgia animal shelter license. Completed applications are due by no later than the close of business on Thursday, May 31, 2018.</p>
NOTIFICATION OF AWARDS	<p>Applicants will be notified in writing of grant decisions by no later than Tuesday, July 31, 2018. Grantees will be required to sign an agreement and fill out a W-9 before receiving grant funds.</p>
AVAILABILITY OF FUNDS	<p>Grant funds will be awarded based on availability of funds. Grant funds may only be used for spay and/or neuter procedures. Grant requests must not exceed applicant's ability to perform services within the 12-month period.</p>
STATE AUDIT	<p>Any recipient of a grant made by a state agency shall be subject to audit by the state auditor for the purpose of confirming compliance with state law and the performance of the terms of the grant pursuant to O.C.G.A. § 28-5-125.</p>

Submit Application to:

Georgia Department of Agriculture  
Dog and Cat Sterilization Program  
19 Martin Luther King Jr. Drive  
Room 112  
Atlanta, GA, 30334

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**I. Applicant information**

Name of Applicant Agency: \_\_\_\_\_

Grant Project Coordinator \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County: \_\_\_\_\_

Email Address \_\_\_\_\_

GDA License Number \_\_\_\_\_

Local Business License No./City/County \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

State Tax ID: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT ORGANIZATION AND THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF APPLICANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

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**II. Organization Information**

Executive Officer Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fiscal Contact/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**\*The Animal Shelter, Veterinary Association or non-profit Animal Rescue Organization must reside in Georgia in order to be eligible for the Dog and Cat Sterilization Grant Program.**

List current Board of Directors:

Name	Title	Years of Service on Board

Number of Paid Employees \_\_\_\_\_ Number of Full Time Employees \_\_\_\_\_

Number of Part time Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Est. Total Volunteer Hours per week \_\_\_\_\_ Number of Foster Homes \_\_\_\_\_

Has the above organization been found in violation of the Georgia Animal Protection Act, O.C.G.A. § 4-11-1, et seq., Departmental Rules, or been charged with animal cruelty pursuant to O.C.G.A. §16-12-4?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes" please explain:

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**III. Financial Information**

**A. Nonprofit Rescues**

i. Nonprofit rescues must provide proof of their 501(c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

ii. Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

**B. Animal Shelters**

i. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. This requirement applies to all Georgia county governments, city governments, and authorities.

**C. Veterinary Associations**

i. Veterinary Associations must provide proof of their 501 (c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

ii. Veterinary Associations must also provide proof of incorporation by the Georgia Secretary of State.

**IV. Organization Services**

Check all the following Services Provided:

_____ Unlimited Intake Shelter	_____ Limited Intake Shelter	_____ Foster Homes
_____ Animal Control	_____ Spay/Neuter Services	_____ Adoption

Average Number of:

_____ Intake Animals per Year	_____ Adoptions per Year
_____ Animals Spayed per Year	_____ Animals Neutered per Year

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Briefly describe your animal programs

If your program offers adoptions, are animals sterilized prior to adoption? \_\_\_\_ Yes \_\_\_\_ No

If not all, what percentage of animals is not sterilized before adoption? \_\_\_\_%

Briefly describe your sterilization policies and procedures for assuring sterilization after adoption.

**V. Grant Proposal Information**

Amount of Grant Funding Request: \$ \_\_\_\_\_. (Amount must not exceed applicant's ability to perform services within 12 month period.)

Please describe your goals and work plan for using the grant funding requested.

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Approximately how many sterilization procedures do you hope to perform with the requested funding?

_____	Dog Spay	_____	Dog Neuter
_____	Cat Spay	_____	Cat Neuter

If you currently have a program for sterilization of cat and/or dogs, describe your current level of funding, level of productivity, and why you need additional funding.

Give additional background information on your organization's programs as they relate to this application. Show that you have the ability to carry out this program.

What other similar resources are available in your area? In what way are these resources currently insufficient?

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**VI. Veterinary Services**

- \* All Applicants must attach a letter of collaboration from all veterinarians who will provide spay/neuter services. The letter should include a statement describing the fee schedule to be followed or pay arrangement and whether the veterinarian(s) are on your staff , on contract, in a spay/neuter clinic, or in private practice. Please list all participating veterinarians.

Veterinarian(s) performing procedures:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

- \* **Veterinarians used to perform the sterilization procedures must be licensed by the Georgia Secretary of State and accredited though U.S.D.A. All veterinarians must perform the sterilization procedures using acceptable standards of care.**



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What is the fee range or other agreement paid for spay and neuter services?

	Total Amount Paid Using Grant Funds
Range for Male Cat	\$
Range for Female Cat	\$
Range for Female Dog	\$
Range for Male Dog	\$

- \* Grant funds shall be used for sterilization surgeries only and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures. Funds may not be utilized for Trap Neuter and Release Programs (TNR).

If no fee arrangement has been agreed to, what is your agreement with the collaborating veterinarian(s)?

**\*PLEASE DO NOT STAPLE APPLICATION OR OTHER DOCUMENTS\***

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By signing below Applicant attests to the following:

- (1) Applicant ATTESTS that the information provided in this grant application is true and correct.
- (2) Applicant ATTESTS that it possesses the legal authority to apply for this grant. Applicant further ATTESTS that the individual filing the application has the authority to do so.
- (3) Applicant ATTESTS that it resides and operates in Georgia and will use the grant funds for Georgia animals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

Affix Seal here:

\* NOTE: Incomplete Applications will not be considered. There is not a notification or appeals process for applications that are not accepted due to incomplete or missing documentation. All applications received are final. Applications must be postmarked prior to the receipt deadline; applications postmarked prior to the deadline will no longer be accepted if received by the Department Five (5) working days past the established deadline

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**CHECKLIST OF ATTACHMENTS AND REQUIRED DOCUMENTATION**

<b>Non-profit Animal Rescue/Veterinary Association</b>	<b>Licensed Animal Shelter</b>
Completed Grant Application	Completed Grant Application
Veterinarian Collaboration Letter(s)	Veterinarian Collaboration Letter(s)
Current Animal Shelter License – IF applicable	Current Animal Shelter License
IRS 501 (c) (3) Determination Letter	Service Delivery Compliance Certification Form
Proof of Incorporation from the Georgia Secretary of State	